



Reportable incidents: neglect

Serious Incident Response Scheme

A fact sheet for providers of residential care and flexible care in a residential aged care setting

The Serious Incident Response Scheme (SIRS) helps prevent and reduce the risk of incidents of abuse and neglect in residential aged care services subsidised by the Australian Government.

Under the SIRS, all incidents and near misses should be recorded in a provider's incident management system (IMS) to ensure a timely and appropriate response that minimises impact, supports those affected and reduces the risk of recurrence.

There are eight types of reportable incidents that must be recorded in a provider's IMS and reported to the Aged Care Quality and Safety Commission (the Commission).

This fact sheet covers reporting of incidents relating to neglect.

What is neglect?

Neglect of a consumer includes:

- a breach of duty of care to the consumer by the provider or a staff member
- a gross breach of professional standards in providing care or services to the consumer by a provider's staff member.

Duty of care is the obligation to take reasonable care to avoid injury to a person who, it can be reasonably foreseen, might be injured by an act or omission. It exists where someone's actions could reasonably be expected to harm other people.

Neglect includes a provider or staff member's action or failure to act that results in harm, injury, poor health outcomes, emotional distress or the death of a consumer. It can be a single significant incident. For example, a carer fails to fulfil a duty, resulting in actual harm to a consumer or where there is the potential for significant harm to a consumer. Neglect can also be ongoing, repeated failures to meet a consumer's physical or psychological needs.

Some examples of what does and does not constitute neglect can be found in the table on [page 4](#). These examples are a guide only. If an incident occurs, you should carefully consider all the information and circumstances when deciding whether neglect has occurred, particularly the impact on the consumer.

Choice and control

Consumers have the right to have control over their choices about their care and to make their own decisions about levels of risk in line with their personal freedoms. You must balance your duty of care to consumers with your responsibilities to support them to make their own choices, even if those choices come with risk.

Incidents are not notifiable if they result from an informed consumer choosing to refuse care and services or making decisions that do not align with their assessed care needs. Examples include situations where a consumer refuses to shower (where showering is scheduled in line with the consumer's preferences), or where a consumer with diabetes, knowing the risks, chooses not to eat a diabetic diet and subsequently has a wound that will not heal. In these circumstances, the consumer's refusal should be documented in their care plan.

If a consumer with cognitive impairment refuses to receive care and services in line with their assessed care needs, and this could or does result in harm to the consumer or has a negative impact on their health and wellbeing, all reasonable efforts must be made to encourage the consumer to receive those care and services.

Gross breach of professional standards

All staff members who provide care and services to consumers must carry out their duties in accordance with their job descriptions, the knowledge and skills attained as part of their profession or qualifications and in accordance with any applicable codes of conduct, practice or standards expected of them.

Some staff, such as personal care workers, may not have a professional code of conduct, but may still be subject to codes of behaviour or practice under their terms and conditions of employment.

Staff who are subject to professional standards through registration or accreditation (such as medical, nursing and allied health professionals) will have greater levels of professional training and qualifications, knowledge, skills and scope of practice and as a result will have a higher expected threshold of conduct.

Possible signs of neglect

There may be warning signs that indicate that a consumer has experienced neglect even if it is not witnessed. These include:

- weight loss
- requesting food more often, being very hungry or thirsty
- constant fatigue, listlessness or falling asleep
- poor hygiene or poor grooming – overgrown fingernails and toenails, unclean hair, unshaven, unbathed, wearing dirty or damaged clothing
- inappropriate or inadequate clothing for the weather
- unattended physical problems, dental, and/or medical needs, for example:
 - wounds that will not heal or are weeping
 - dirty dressings
 - continence aids are soaked or not regularly changed
- dropping hints or making statements that appear to be about neglect
- extreme longing for company, social isolation, loss of social and communication skills.

How to respond to neglect

If there is evidence, an allegation or suspicion of a consumer being subjected to neglect, you must immediately ensure their safety and well-being. This may include arranging medical or psychological assistance. Depending on the nature of the incident, you may need to contact the police.

All details of the incident must be recorded in the IMS.

A Priority 1 reportable incident is a reportable incident:

- that caused, or could reasonably have been expected to have caused, a consumer physical or psychological injury or discomfort that requires medical or psychological treatment to resolve
- where there are reasonable grounds to report the incident to the police
- that involves unlawful sexual contact or inappropriate sexual conduct, the unexpected death of a consumer or a consumer's unexplained absence from the service.

You must notify the Commission of a Priority 1 reportable incident within 24 hours of becoming aware of the incident.

A Priority 2 reportable incident is a reportable incident:

- that does not meet the criteria for a Priority 1 reportable incident.

You must notify the Commission of a Priority 2 reportable incident within 30 days of becoming aware of the incident.

The Commission considers medical or psychological treatment to include *the application of medical treatment or psychological treatment to cure a disease or condition or to treat and resolve physical or psychological injury or discomfort.*

Reporting neglect to the Commission

All incidents of neglect must be reported to the Commission through the My Aged Care provider portal. The timeframe for this report depends on the impact on the consumer.

How can I find out more?

The Commission has published a suite of fact sheets about each type of reportable incident. To access these fact sheets and detailed guidance relating to the SIRS and IMS, visit agedcarequality.gov.au/sirs.

Examples

What is neglect?	What is not neglect?
<ul style="list-style-type: none">• Depriving a consumer of basic necessities, including food, drink or clothing• Withholding personal care, such as showering, toileting or oral care• Regular late or missed administration of medications or failing to administer correct or time-critical medications• Failing to supervise a consumer in an environment that leaves them susceptible to injury <p>For example:</p> <ul style="list-style-type: none">– leaving a consumer outside unprotected in the sun resulting in significant burns– leaving a consumer enclosed in a vehicle on a hot day where the temperature in the vehicle is likely to increase rapidly and cause significant harm to the consumer– failing to supervise consumers where they may wander into unsafe environments such as busy roads, construction sites or bodies of water <ul style="list-style-type: none">• Failing to monitor a consumer’s nutrition and hydration, resulting in rapid weight loss and clinical complications	<ul style="list-style-type: none">• An isolated incident of late or missed administration of medications where there is no significant impact on the consumer• Rapid weight loss as a result of disease, where all reasonable efforts are made to ensure the consumer is receiving adequate nutrition• Where a consumer knowingly chooses not to receive care and services in line with their assessed care needs <p>For example:</p> <ul style="list-style-type: none">– where a consumer with dysphagia chooses not to eat a liquified diet and is appropriately supervised while eating– where a consumer with diabetes chooses not to eat a diabetic diet– where a consumer with liver disease chooses to drink alcohol– where a consumer chooses not to shower, brush their teeth or brush their hair– where a consumer with a chronic condition or disease chooses not to undergo clinical treatment– where a consumer chooses to smoke despite having a chronic respiratory condition or other condition exacerbated by smoking



What is neglect?	What is not neglect?
<ul style="list-style-type: none">• Failing to seek appropriate medical assessment and treatment for a consumer where they appear unwell or are injured For example:<ul style="list-style-type: none">– failure to treat injuries or wounds– failure to assess and manage pain– failure to seek medical diagnosis or treatment when a consumer shows signs of illness– failure to call an ambulance when the consumer’s injuries or illness require treatment in hospital• Failing to ensure a consumer is reviewed regularly by a health professional or specialist in line with their documented care needs• Failing to appropriately modify a consumer’s meals to account for their difficulty with swallowing as recorded in their care plan or failure to give sufficient assistance to a consumer to eat their food, resulting in the consumer not being able to eat meals or choking• Lack of consistent clinical oversight exacerbating conditions requiring acute care, e.g., lymphedema, contractures, catheter care and infection	

The above table is not an exhaustive list of examples – it is a guide only. You should assess each incident on an individual basis.

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